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Jonathan Fish for OC Superio	or Court	Date of This Filing 05/24/2008	Date Stamp	CALIFORNIA 407
AREA CODE/PHONE NUMBER 714-540-2295	I.D. NUMBER (# applicable) 1301155	Prince Pr	ECEIVED AND FI	FORM 49/
CITY CITY	STATE ZIP COD	Amendment to Report No	of the State of Californ MAY 2 4 2008	
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1. Contribution(s) Received

Reason for Amendment:

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/23/2008	Michael J. Schroeder	X IND	Attorney	2,513.00
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*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

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497 Contribution Report

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05/22/2008	Association of Orange County Deputy Sheriffs PAC (#782021)		☐ IND 図 COM ☐ OTH ☐ PTY		1,215.42	
				SCC IND COM OTH PTY SCC		Provide interest rate
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FPPC Form 497 (November/07) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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in the office of the Secretary of State of the State of Californ STATE MAILER LATE PAYMENT REPORT Type or print in ink. Slate Mailer Amounts may be rounded to whole dollars. CALIFORNIA MAY 24 2008 Late Payment Report FORM For Official Use Only DEBRA BOWEN Amendment No. Secretary of State Report No. _ NAME OF SLATE MAILER ORGANIZATION STREET ADDRESS **CLEAN SLATE 2008** AREA CODE/PHONE NUMBER OPTIONAL: FAX/E-MAIL I.D. NUMBER CITY STATE ZIP CODE PENDING 1307304 415-695-0828 CLEANSLATE2008@GM NAME OF CANDIDATE OR BALLOT MEASURE: Late Payment(s) Received From: ☐ SUPPORT NAME I.D. NUMBER (if applicable) ☐ OPPOSE RE-ELECT FIONA MA OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT AMOUNT ATTRIBUTED 1293560 MEASURE'S JURISDICTION ADDRESS CITY \$ STATE ZIP CODE 3 NAME OF CANDIDATE OR BALLOT MEASURE: OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable) SUPPORT ☐ OPPOSE DATE RECEIVED: AMOUNT OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT AMOUNT ATTRIBUTED MEASURE'S JURISDICTION 05 / 23 /2008 \$ 5000 NAME OF CANDIDATE OR BALLOT MEASURE: NAME OF CANDIDATE OR BALLOT MEASURE: SUPPORT □ SUPPORT FIONA MA ☐ OPPOSE OPPOSE OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT AMOUNT ATTRIBUTED MEASURE'S JURISDICTION STATE ASSEMBLY DISTRICT 12 MEASURE'S JURISDICTION \$ 5000 NAME OF CANDIDATE OR BALLOT MEASURE: NAME OF CANDIDATE OR BALLOT MEASURE: □ SUPPORT □ SUPPORT ☐ OPPOSE ☐ OPPOSE OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT AMOUNT ATTRIBUTED OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT AMOUNT ATTRIBUTED MEASURE'S JURISDICTION MEASURE'S JURISDICTION \$ \$